

"My Voice PA" School Participation Agreement

* 1. School District Name

Midd-West School District

* 2. Name and Title of person registering district

Name Daphne Snook

Title Assistant Superintendent

* 3. Point of contact for project:

Name Daphe Snook

Email daphnesnook@mwsd.cc

Phone 570-837-0046 x1201

Title/Role at District Assistant Superintendent

* 4. On behalf of my school district, we agree to follow the campaign's terms and conditions as follows:

My school district will receive a \$1,000 check via regular U.S. mail addressed to our point of contact indicated on this survey form.

☒ I Agree

*** 5. We agree that we will cash this check upon receipt and will utilize funds to carry out the "My Voice PA" project designed for / by youth in our district. Funds will not be used to supplant existing project funds of this nature.**

☒ I Agree

*** 6. We agree that we will show the "My Life, My Choice" video where possible. At the completion of our event, we will submit sample materials our youth created and understand that my district has the option to compete for one of the three "Grand Prizes" provided to top selected competitors in the campaign.**

☒ I Agree

*** 7. We understand and agree to use funds provided for this project during the 2013-2014 school year.**

☒ I Agree

*** 8. If for any reason we decide not to conduct a positive messaging project during the 2013/14 school year, we agree to return the \$1,000 check so those funds can be reinvested into the My Voice campaign.**

☒ I Agree

*** 9. We agree that our school district will complete the "My Voice PA" survey (brief 8 – 10 questions) furnished at the end of this year's project.**

☒ I Agree

*** 10. If you know what project your district will be implementing or what grades will be targeted, please briefly describe it below. If you will be making this decision during the school year through discussions with your students, please indicate "to be determined".**

to be determined

Done

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